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DUANE MORRI IP DEPARTMENT 30 SOUTH 17TH S	•			I hereby certify that States Postal Service addressed to the Mi transmitted to the US	ertificate of Mailing or Trans this Fee(s) Transmittal is bein, with sufficient postage for fix ail Stop ISSUE PEE address PTO (571) 273-2885, on the d	inission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.
PHILADELPHIA, PA 19103-4196				(Depositor's name)		
				<del></del>		(Signature)
*						(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVI		ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/617,280	07/10/2003	Shawn Gallagho		ıcr	H2134-00006	2448
TITLE OF INVENTION: BURST PULSE CIRCUIT FOR SIGNAL LIGHTS AND METHOD						
APPLN, TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nosprovisional	YES	\$700		\$300	\$1000	08/03/2006
EXAM	EXAMINER ART UNIT		т	CLASS-SUBCLASS	7	
LEE, WILSON		2821	2821 315-129000		<del>****</del>	
☐ "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required.	lence address (or Change of 22) attached. ion (or "Fee Address" Indic ir more recent) attached. Use	Correspondence stion form of a Customer	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Trafcon Industries, Inc. Mechanicsburg, PA  Please check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government						
			b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1679 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above)  \[ \begin{align*}						
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the ree	is requested to apply the Issupplication Fee (if required) vortes of the Uptited States Rat	ue Fee and Publicat will not be accepted ent and Trademark	ion Fee (if any) or from anyone othe Office.	to re-apply any previou r than the applicant; a re	isly paid issue fee to the applic gistered attorney or agent; or t	ation identified above. he assignee or other party in
Authorized Signature	(W -	Date 5/16/2006				
Typed or printed name Samuel W. Apicelli			Registration No. 36,427			
This collection of information application. Confidential submitting the completed at this form and/or suggestions. Box 1450, Alexandria, Virginia 22313.	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C oplication form to the USPT or reducing this burden, slinia 22313-1450. DO NOT 1450.	11. The information 122 and 37 CFR 1 O. Time will vary rould be sent to the SEND FEES OR C	n is required to obt 14. This collectic depending upon the Chief Information OMPLETED FOR	ain or retain a benefit benefit benefit benefit benefit sestimated to take I be individual case. Any Officer, U.S. Patent ar IMS TO THIS ADDRE	y the public which is to file (an 2 minutes to complete, includi comments on the amount of ti d Trademark Office, U.S. Dep SS. SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,

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